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ABSTRACT

Patients in long-term care facilities are often moved from one living area to another within an institution. While the staff often consider such moves as part of the daily work load, even intrainstitutional relocation has been observed to have negative consequences for the elderly patient. If staff could identify those patients who might experience difficulties with a relocation, they could deal more intensively with these high-risk patients before, during, and after the move, hopefully avoiding a crisis situation for the patient. Staff and service professionals, however, may not be particularly accurate in assigning risk status. This study was undertaken when it was decided that a large number of nursing home care patients within a Veterans Administration domiciliary setting would be relocated upon completion of a renovation program. It attempted to identify high-risk relocation patients and to examine the extent to which staff ratings of patient risk status could identify such patients. Male nursing home residents (N=116) requiring minimum or moderate care were rated by 16 registered nurses, 3 licensed practical nurses, and 6 nursing aides. Ratings were averaged within level of training. The means for the three levels were significantly different and within each level there were significant differences among individual staff members. The findings suggest that the staff often misperceive the elderly and question the reliability of staff ratings as a means of identifying patients at risk from an impending relocation. It would appear that additional techniques are needed to overcome the lack of consensus among staff members. (NB)

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STAFF RATINGS OF RELOCATION RISK IN ELDERLY PATIENTS

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For a variety of physical, social, financial and/or psychological reasons, patients in long-term care facilities are often moved from one living area or room to another within an institution. The staff consider such moves as part of the daily work load and, therefore, "no big thing," yet, despite this too frequently seen attitude, even intrainstitutional relocation has been observed to have negative consequences for the elderly patient (e.g. Pruchno & Reach, 1987). The staff are then forced to respond to the needs of the at risk elderly patient in a crisis situation which may range from psychological upset, to physical symptoms to suicide. In the best of situations, staff may try to prevent reliance on crisis intervention procedures by identifying those patients who might experience difficulties with a relocation and deal more intensively with these higher risk patients before, during and after the move takes place.

Unfortunately, it must be noted the staff and service professionals may not be particularly accurate in assigning risk status as there is considerable evidence in the literature to indicate that staff often and significantly misperceive the needs of the elderly, what is important to them and even what solutions to problems might be best for the elderly (e.g. Smith & Nehrke, 1987). For example, Morganti et al., (1980) observed that staff misperceived what daily activities were and were not important to male veterans in a domiciliary setting. Nehrke et al., (1981), working in the same setting, noted that staff and patients also differed in their perceptions of the psychosocial environment as they were significantly different from each other on eight of the 15 dimensions of the Environmental Perception, Preference and Importance Scale (EPPIS). Perhaps more surprising was Avant and Dressel's (1980) finding that persons who had training in Gerontology were no more accurate predicting the needs of the

elderly than staff without such training and Kahana and Coe's (1969) observation of consistent differences between resident self-evaluations and staff ratings of residents. Given the kinds of discrpancies that occur between staff and patient perceptions, one may well question the reliability of staff judgements about patient and, in turn, who should decide which patients are at risk.

The initiative for this study derived from the fact that a large number of nursing home care patients within a VA domiciliary setting would be relocated upon completion of a renovation program. In preparation for the move administrative and research staff decided to try to identify those patients who might otherwise "slip through the cracks" and simultaneously investigate the extent to which staff ratings of patient risk status, within and across levels of training might be used to identify such patients.

Methods

The patients to be rated were 116 male residents of a VA nursing home care unit who averaged 71.5 years of age and had 10.0 years of education. Nursing care level for the sample was either minimum or moderate with no patients in the maximum care level. In all cases the patients had experienced at least one relocation since the renovation began three years ago and many experienced more frequent moves as a function of health or psychosocial reasons. The raters for this project were the 25 nursing staff who worked on the Nursing Home Care Unit and included 16 registered nurses (RNs), three licensed practical nurse (LPNs) and six nursing aides (NAs). All but one staff member had more than one year of service on the unit and 10 had in excess of 10 years.

Nursing staff ratings were obtained anonymously by providing a list of patients on the unit and asking them to rate each patient in the nursing

home unit using a ladder scale technique (Kilpatrick & Cantril, 1960) where the scores range from 0 (no problem) to 10 (severe problem).

Results

The staff ladder ratings were averaged within level of training (RN vs. LPN vs. NA), and were analyzed using a one-way, repeated measures analysis of variance. The means for the three samples (RNs = 3.38, LPNs = 3.02, NAs = 4.00) were significantly different (F (2, 228) = 40.3, $p<.000$). Furthermore, within each of the three levels of nursing staff there were significant differences between the individual staff members (RNs F (15, 1725) = 73.4, $p<.000$; LPNs F (2, 230) = 129.3, $p<.000$; NAs F = 48.8, $p<.000$). Within the RN sample the means ranged from 0.50 to 6.07 while in the LPN sample the means ranged from 1.58 to 5.16 and in the NA sample the range was from 2.13 to 5.79.

Despite these differences correlations between the three staff samples are quite reasonable (RN/LPN = .73, RN/NA = .70, LPN/NA = .60). However, when individuals are compared, the coefficients are generally lower and use of discrepancies scores indicates even greater disagreement as to the extent of expected patient risk. For exploratory purposed it was decided to use a difference of six or more points between raters (i.e. more than half the 11 point scale) as the operational criterion of a definite difference. It was found that the NAs differed on 24% of the cases, the LPNs differed on 50% of the cases and the RNs differed on 74% of the patients.

Implications and Conclusions

The literature on staff perceptions of elderly persons suggests that staff often misperceive the elderly (Smith & Nahrke, 1987) and the present study supports that proposition. The findings very distinctly call into question the reliability of staff ratings as a means of identifying

patients who are at risk from an impending relocation. The mean differences and consensus agreement differences imply that while some patients may be well known to some staff the variability of the ratings does not allow for identification of which ratings are correct. It would, therefore, appear that additional techniques or procedures are necessary to overcome the lack of consensus among staff.

The mechanism that is perhaps most frequently and inadvertently used to oversome such discrepancies is the pervasive nursing report. As nurses discuss a particular patient they are able to reach a consensus which would represent an "average" rating and thus serve as a better overall estimate of risk as the mean is the best estimate of a group of statistics. This would obviate the effect of extreme staff ratings, but would also result in a homogenization of the patients and the use of standardized preventive procedures that speak to everyone and to no one. What is interesting in the present study is that despite such daily staff meeting and the fact that the staff were aware of the upcomming relocation, we find such wide disagreement when the staff are asked to make these decisions on their own. Indeed, within the RN level, there were patients who received both a rating of 0 and a rating of 10.

Another approach to the problem of staff differences would be to develop quantitative measures of relocation risk that may be collected both independently and with the patients themselves by directly asking them about their concerns, fears, expectations and needs. The work of Schulz and Brenner (1977) detailing the importance of personal control in mitigating the effects of relocation would support the need to involve the patient in the relocation procedure. Petrou and Oberchain (1987) have also noted the importance of personal control and further noted such factors as visits to

the new area, awareness of physical changes in the patients, moving groups of patients, retaining the familiar nursing staff, and the availability of extra nursing staff before, during and for at least three months after the relocation takes place. Indeed, it is our contention that it is only by involving and working with the individual patients that the use of staff intuition as a basis for planning can be avoided and the patients who might experience negative effects in relocation can be identified and dealt with on a more meaningful, non-crisis basis.

Relocation, Long-term Care, Staff Misperceptions, Staff Ratings, Reliability

References

Avant, W.R. & Dressel, P.L., (1980). Perceiving needs by staff and elderly clients: The impact of training and client contact. The Gerontologist 20, 71-77.

Kahana, E. & Coe, R.M. (1969). Self and staff conceptions of institutionalized aged. The Gerontologist, 9, 264-267.

Kilpatrick, F.P. & Cantril, H. (1960). Self-anchoring scaling: A measurement of individuals' unique reality worlds. Journal of Individual Psychology, 16, 158-173.

Morganti, J.B., Nehrke, M.F. & Hulicka, I.M., (1980). Resident and staff perceptions of latitude of choice in elderly institutionalized men. Experimental Aging Research, 6, 367-384.

Nehrke, M.F., Hulicka, I.M., Whitbourne, S.K., Morganti, J.B., Cohen, S.H., Turner, R.R., & Cataldo, J., (1981). Environmental perception differences between staff and elderly domiciliary residents. Paper presented at Gerontological Society of America, Toronto, Canada.

Petrou, M.F. & Obenchain, J.V. (1987). Reducing incidents of illness post-transfer. Geriatric Nursing, 8, 264-266.

Pruchno, R.A. & Resch, N.L. (1987). Intrainstitutional relocation: Mortality effects. Paper presented at the annual meeting of the Gerontological Society of America, Washington, DC, November.

Schulz, R. & Brenner, G., (1977). Relocation of the aged: A review and theoretical analysis. Journal of Gerontology, 32, 323-333.

Smith, G. & Nehrke, M.F. (1987). Staff-resident perceptual differences in long-term care settings. Paper presented at the Gerontological Society of America meeting, Washington, D.C..